

# AMERICAN ANALYTICAL & TECHNICAL SERVICES, INC.

April 18, 1994

000004

Ms Christine Parson  
Sample Management Office  
USEPA  
Contract Laboratory Program  
P.O. Box 818  
Alexandria, VA 22313

US EPA RECORDS CENTER REGION 5

REF: Contract No. 68-D2-0028  
Case No. 21882, SDG EWW46



SUBJECT: Organic Traffic Report

Dear Ms Parson:

Attached are the Organic Traffic Reports, and the SDG TR Cover Sheet covering samples received between April 13 and April 15, 1994 from Region V.

Ten soil and two water samples were to have been received 04/14/94. When they did not arrive, a call was placed to Federal Express requesting the status of the shipment. I was informed that the shipment had not arrived in Memphis until 2:36pm that day (04/14/94) (no reason was given as to the delay). Federal Express assured me that the shipment would be received on 04/15/94. A call was placed to Jane Von Hofen at SMO informing her of the situation. The temperature of the samples on receipt was 55° F. Ms Von Hofen was notified and she stated that since the samples were soils (except for one rinsate and one trip blank), the laboratory was to proceed with analysis and note the problems in the SDG Narrative.

If you have any questions, or need additional information, please call me at (504) 753-8650.

Sincerely yours,

*Virginia L. Jones*  
Virginia L. Jones  
Document Control Officer

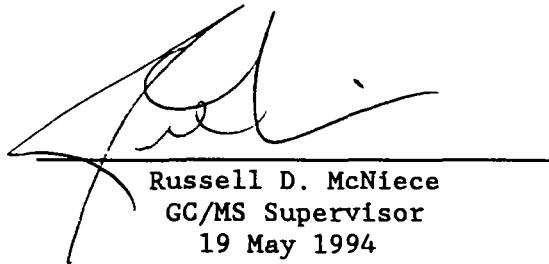
:vlj

Attachments

AATS

000003

"I Certify that this data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hardcopy data package and in the computer-readable data submitted on diskette has been authorized by the Laboratory Manager or his designee, as verified by the following signature".



Russell D. McNiece  
GC/MS Supervisor  
19 May 1994

RDM:v1j

**AATS**

000001

SDG NARRATIVE

**RECEIVED**

1994 2 4 1994

Laboratory Name: AATSLA, Baton Rouge

Case No: 21882  
SDG No: EWW46  
Contract: 68-D2-0028

US EPA CENTRAL REGIONAL LAB.  
536 S. CLARK ST.  
CHICAGO, ILLINOIS 60605

Nineteen water/soil samples were received between 13 and 15 April 1994, inclusive, for Volatile, Semi-volatile, and Pesticide/PCB Organic Analysis utilizing USEPA's CLP SOW 3/90 OLM01.8 protocol. The samples along with the pH value of the Volatile vials (where applicable) are listed below:

<u>EPA Sample No.</u>	<u>pH</u>	<u>EPA Sample No.</u>	<u>pH</u>
EWT72	NA	EWW49	<2
EWT80	NA	EWW50	<2
EWT93	NA	EWX82	NA
EWT94	NA	EWX84	NA
EWT95	NA	EWX85	NA
EWT96	NA	EWX86	NA
EWT97	NA	EWX87	NA
EWT98	NA	EWX88	NA
EWW46	<2	EWX89	NA
EWW47	<2		

NA = Not Applicable

The shipment received 15 April 1994 was delayed one day by Federal Express (see Telephone Record Log and/or Organic Traffic Report). Upon receipt, the temperature of the cooler was 55° F. Per Jan Von Hofen of SMO the laboratory was to proceed with analysis.

Volatile Organic Analysis:

Samples EWX86, EWX87, EWX89, EWT80, EWT94, EWT95, EWT96, EWT98, EWX82, EWX84, and its MS/MSD all had internal standard areas and/or surrogate spike recoveries outside QC criteria for two analyses. Matrix effect is suspected. All analyses are presented and therefore billable.

Samples EWX82, EWX82RE, and EWX88 were inadvertently run outside contract required holding time. This will be an unresolved non-compliance for these two samples.

Samples EWX84's MS/MSD had spike compound and %RPD's outside advisory QC criteria. No further action was necessary.

Please note: The soil samples presented analytical problems. The internal standard recoveries were very erratic. Therefore variance in compound concentrations are inevitable.

000002

Sample EWX88 and VBLK04 had 1,2-Dibromo-3-chloropropane present at 9 ug/Kg and 10 ug/Kg respectively.

No other significant problems were encountered.

Manual integrations are represented by an "m" flag on the quantitative report. Included in the data package are graphic reports of any manual integrations.

Semi-volatile Organic Analysis:

Samples EWT72, EWT80, EWT93, EWT94, EWT96, EWT98, and EWX87 all additionally required dilutions due to target compounds exceeding the linear range of the initial calibration. All runs are submitted and therefore billable.

Sample EWX84's MS/MSD had matrix spike compounds and %RPD's outside advisory QC criteria. No further action was necessary. Also the extracts for this sample and it's MS/MSD could only be concentrated to 1.0 mL.

No significant problems were encountered.

Manual integrations are represented by an "m" flag on the quantitative report. Included in the data package are graphic reports of any manual integrations.

Pesticide Organic Analysis:

In general, these samples exhibited complex matrix and a multitude of miscellaneous peaks. When confirmation occurred, quantitation was complicated by high baselines, resulting in high %D's.

Sample EWX89 was analyzed at dilutions of 50 and 5 while the following samples were analyzed at dilutions for 5: EWT93, EWT94, EWT96, EWT98, and EWX87. EWX85 and EWX86 were analyzed at dilutions of 2.

On the RTX-1701, coeluting interference resulted in apparent DCB recovery above advisory QC limits on the following samples: EWT80, EWT93, EWT94, EWT96, EWT98, EWX84MS, EWX84MSD, and EWX89. On the RTX-35, DCB was masked by interference for samples EWT80 and EWT96. In sample EWX84, EWX84MS, EWX84MSD, and EWX86, DCB recoveries were below advisory QC limits on the RTX-35. In sample EWX89DL, both surrogates were diluted out on the RTX-1701.

Due to interference in the respective retention time regions on both GC columns, the presence or absence of Endrin in EWT93 is not definite. Similarly Endosulfan I is indefinite in EWT94 and EWX82.

**Organic Traffic Report  
 & Chain of Custody Record**  
 (For Organic CLP Analysis)

SAS No.  
 (if applicable)

Case No.

21882

Account Code		2. Region No.	Sampling Co.	4. Date Shipped	Carrier	6. Preser-vative (Enter in Column D)	7. Sample Description (Enter in Column A)					
		<u>V</u>	BWNS	4/13/94	FEDERAL EXPRESS							
		Sampler (Name)	MATT MASTRONARDI	Airbill Number	8774360335							
Program		Sampler Signature	MATT MASTRONARDI	5. Ship To	AMERICAN ANALYTICAL AND TESTING SERVICES 11950 INDUSTRIPLEX BLVD. BATON ROUGE, LA 70809							
E O + 118 <sup>TH</sup> ST. IL		Site Spill ID	ZZ	3. Type of Activity	Remedial Removal	1. HCl 2. HNO3 3. NaHSO4 4. H <sub>2</sub> SO4 5. Other (Specify) 6. Ice only N. Not preserved	1. Surface Water 2. Ground Water 3. Leachate 4. Rinsate 5. Soil/Sediment 6. Oil (High only) 7. Waste (High only) 8. Other (Specify)					
				Lead	RIFS CLEM							
				SF <input checked="" type="checkbox"/> Remedial RD <input type="checkbox"/> REAMA	PRP PA RA REM							
				ST SSISI O&M OIL	FED ESI NPLD UST							
				ATTN: SUSAN STEWART								
CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp./ Grab	D Preservative from Box 6	E RAS Analysis		F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/ Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Inorg. Samp. No.	K Enter Appropriate Qualifier for Designated Field QC
					VOA	BNA	Pest/ PCB	High only	ARO/ TOX			
X EWT80	5	L	G	6	X	X	X		5-021029-31	AV-SS01-001	4/12/94/1055	MEJJ92
X EWT93	5	L	G	6	X	X	X		5-021033-5	AV-SS02-001	4/12/94/1120	MEJJ93
X EWT94	5	L	G	6	X	X	X		5-021037-9	AV-SS03-001	4/12/94/1155	MEJJ94
X EWT95	5	L	G	6	X	X	X		5-021041-3	AV-SS04-001	4/12/94/1020	MEJJ95
X EWT96	5	L	G	6	X	X	X		5-021045-7	AV-SS05-001	4/12/94/1440	MEJJ96
X EWT97	5	L	G	6	X	X	X		5-021050-2	AV-SS06-001	4/12/94/1400	MEJJ97
X EWT98	5	L	G	6	X	X	X		5-021052-5	AV-SS07-001	4/12/94/1510	MEJJ98
X EWT72	5	L	G	6	X	X	X		5-021057-9	AV-SS08-001	4/12/94/1540	MEJJ99
X EWX82	5	L	G	6	X	X	X		5-021061-3	AV-SS09-001	4/12/94/1330	MEJX92
EWX88	5	L	G	6	X	X	X		5-021065-7	AV-SS15-001	4/12/94/0955	MEJX98
Shipment for Case complete? (Y/N)	Page 1 of 1		Sample used for a spike and/or duplicate				Additional Sampler Signatures			Chain of Custody Seal Number		
										153161, 2		

**CHAIN OF CUSTODY RECORD**

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Matt Mastromarco	4/13/94 1100				
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

EPA Form 9110-2 (Rev. 5-91) Replaces EPA Form (2075-7), previous edition which may be used

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Blue - Region Copy Pink - SMO Copy White - Lab Copy for Return to Region Yellow - Lab Copy for Return to SMO

Split Samples  Accepted (Signature)  
 Declined

SEE REVERSE FOR ADDITIONAL STANDARD INSTRUCTIONS

O 352

**Organic Traffic Report  
 & Chain of Custody Record**  
 (For Organic CLP Analysis)

SAS No.  
 (if applicable)

Case No.  
**21882**

Account Code		2. Region No. Sampling Co.		4. Date Shipped	Carrier		6. Preservative (Enter in Column D)	7. Sample Description (Enter in Column A)				
		II BWNS		4/13/94	FEDERAL EXPRESS			1. Surface Water				
		Sampler (Name)		Airbill Number		2. Ground Water						
		MATT MASTRONARDI		877436035 3		3. Leachate						
		Sampler Signature		4. HCl								
		Matt Mmn		5. NaHSO <sub>4</sub>								
		3. Type of Activity Remedial Removal		6. H <sub>2</sub> SO <sub>4</sub>								
		Lead Pre-RIFS CLEM SF <input checked="" type="checkbox"/> Remedial RD REMA PRP PA RA REM ST SSI O&M OIL FED ESI NPLD UST		7. Other (Specify)								
				8. Soil/Sediment								
				9. Oil (High only)								
				10. Waste (High only)								
				11. Other (Specify)								
Site Spill ID ZZ		ATTN:										
Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type Comp./ Grab	D Preservative from Box 6	E RAS Analysis		F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Inorg. Samp. No.	K Enter Appropriate Qualifier for Designated Field QC  B = Blank S = Spike D = Duplicate PE = Perform. Eval. — = Not a QC Sample
					VOA	BNA						
EWW50	4	L	G	I	X		5-021069, 70	AU-RB03-201	4/12/94/0935		MEJX90	B/BLANK
EWW50	4	L	G	6		X X	5-021071, 2	AU-RB03-201	4/12/94/0935		MEJX90	B/BLANK
EWW47	3	L	G	I	X		5-021075, 6	AU-TB03-201	4/13/94/0830		—	B/BLANK
Shipment for Case complete? (Y/N)		Page 2 of 2		Sample used for a spike and/or duplicate				Additional Sampler Signatures			Chain of Custody Seal Number 153161, 2	

**CHAIN OF CUSTODY RECORD**

Relinquished by: (Signature) <i>Matt Mmn</i>	Date / Time 4/13/94 110	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

EPA Form 9110-2 (Rev. 5-91) Replaces EPA Form (2075-7), previous edition which may be used

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Copy for Return to SMO

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Declined

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8774360335

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PACKAGE  
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8774360335

SENDER'S FEDERAL EXPRESS ACCOUNT NUMBER

1 1372-4544-2

Date  
4/1/14

From (Your Name) Please Print

WHITE PLATE READING CO

Your Phone Number (Very Important)

(312) 643-7822

To (Recipient's Name) Please Print

300 1st Street

Recipient's Phone Number (Very Important)

(312) 733-5605

Company

B AND V WASTE SCIENCE & TECH

Department/Floor No

Street Address

101 N WACKER DR STE 1100

City

CHICAGO

State

IL

ZIP Required

60606

Company

300 1st Street

Department/Floor No

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes)

101 N WACKER DR STE 1100

City

CHICAGO

State

IL

ZIP Required

76061

YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice)

71280.102

PAYMENT 1  Bill Sender 2  Bill Recipient's FedEx Acct No 3  Bill 3rd Party FedEx Acct No 4  Bill Credit Card  
3  Cash/Check 5  Acct/Credit Card No 1372-06-20-6 Exp Date / /

H IF HOLD AT FEDEX LOCATION, Print FEDEX Address Here  
Street Address

City State ZIP Required

4 SERVICES  
(Check only one box)

Priority Overnight  
(Delivery by next business morning)

11  OTHER  
PACKAGING

16  FEDEX LETTER\*

12  FEDEX PAK\*

13  FEDEX BOX

14  FEDEX TUBE

Economy Two-Day  
(Delivery by second business day\*)

30  ECONOMY\*\*  
\*Economy Letter Rate not available

Minimum charge  
One pound Economy rate

Freight Service  
(for packages over 150 lbs)

70  OVERNIGHT  
FREIGHT\*\*

80  TWO-DAY  
FREIGHT\*\*

† Delivery commitment may  
be later in some areas

\*Declared Value Limit \$500  
\*\*Call for delivery schedule

5 DELIVERY AND SPECIAL HANDLING  
(Check services required)

Priority Overnight  
(Delivery by next business afternoon  
No Saturday delivery)

51  OTHER  
PACKAGING

56  FEDEX LETTER\*

52  FEDEX PAK\*

53  FEDEX BOX

54  FEDEX TUBE

Government Overnight  
(Restricted for authorized users only)

46  GOVT  
LETTER

41  GOVT  
PACKAGE

Freight Service  
(for packages over 150 lbs)

12  HOLIDAY DELIVERY (if offered)

(Extra charge)

6 PACKAGES  
WEIGHT  
In Pounds  
Only

YOUR DECLARED  
VALUE  
(See right)

Weekday Service  
1  HOLD AT FEDEX LOCATION WEEKDAY  
(Fill in Section H)  
2  DELIVER WEEKDAY

Saturday Service  
31  HOLD AT FEDEX LOCATION SATURDAY  
(Fill in Section H)  
3  DELIVER SATURDAY  
(Extra charge) (Not available to all locations)

9  SATURDAY PICK-UP  
(Extra charge)

Total Total Total

DIM SHIPMENT (Chargeable Weight)

4  DANGEROUS GOODS (Extra charge)

6  DRY ICE

6 Dangerous Goods Shipper's Declaration not required

Dry Iz 9 UN 1845 X kg 904 III

12  HOLIDAY DELIVERY (if offered)

(Extra charge)

Received At

1  Regular Stop

3  Drop Box

4  B S C

2  On Call Stop

5  Station

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Declared Value Charge

Other 1

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Total Charges

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158

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United States Environmental Protection Agency  
Contract Laboratory Program Sample Management Office  
PO Box 818 Alexandria, VA 22313  
703-557-2490 FTS 557-2490

**Inorganic Traffic Report  
& Chain of Custody Record**  
(For Inorganic CLP Analysis)

SAS No.  
(if applicable)

Case No.  
**21882**

1. Project Code	Account Code	2. Region No.	Sampling Co.	4. Date Shipped	Carrier	6. Preservative (Enter in Column D)	7. Sample Description (Enter in Column A)					
Regional Information		Sampler (Name)		Airbill Number		1. HCl	1. Surface Water					
TFA102		MATT MASTRONARDI		8774360394		2. HNO3	2. Ground Water					
Non-Superfund Program		Sampler Signature		5. Ship To		3. NaOH	3. Leachate					
Site Name				SOUTHWEST LABS OF OKLA. 1700 W. ALBANY		4. H <sub>2</sub> SO <sub>4</sub>	4. Rinsate					
AVENUE O + 118TH ST.				BROKEN ARROW, OK 74012		5. K <sub>2</sub> Cr <sub>2</sub> O <sub>7</sub>	5. Soil/Sediment					
City, State		Site Spill ID		ATTN: MISSY HAMBY		6. Ice only	6. Oil (High only)					
CHICAGO, IL		ZZ				7. Other (Specify)	7. Waste (High only)					
						N. Not preserved	8. Other (Specify)					
CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp./ Grab	D Preservative from Box 6	E - RAS Analysis		F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/ Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Org. Samp. No.	K Enter Appropriate Qualifier for Designated Field QC B = Blank S = Spike D = Duplicate PE = Perform, Eval. — = Not a QC Sample
					Metals	Low Conc. only						
Total	Dissolved	Cyanide	Nitrate/Nitrite	Fluoride	pH	Conducivity						
MEJJ92	5	L	G	6	X	X	5-021032	AV-SS01-001	4/12/94 / 1055	EWT80	_____	
MEJJ93	5	L	G	6	X	X	5-021036	AV-SS02-001	4/12/94 / 1120	EWT93	_____	
MEJJ94	5	L	G	6	X	X	5-021040	AV-SS03-001	4/12/94 / 1155	EWT94	_____	
MEJJ95	5	L	G	6	X	X	5-021044	AV-SS04-001	4/12/94 / 1020	EWT95	_____	
MEJJ96	5	L	G	6	X	X	5-021048	AV-SS05-001	4/12/94 / 1440	EWT96	_____	
MEJJ97	5	L	G	6	X	X	5-021052	AV-SS06-001	4/12/94 / 1400	EWT97	_____	
MEJJ98	5	L	G	6	X	X	5-021056	AV-SS07-001	4/12/94 / 1510	EWT98	_____	
MEJJ99	5	L	G	6	X	X	5-021060	AV-SS08-001	4/12/94 / 1540	EWT72	_____	
MEJJX92	5	L	G	6	X	X	5-021064	AV-SS09-001	4/12/94 / 1330	EWX82	_____	
MEJJX98	5	L	G	6	X	X	5-021068	AV-SS15-001	4/12/94 / 0955	EWX88	_____	
Shipment for Case complete? (Y/N)	Page 1 of 2		Sample used for a spike and/or duplicate				Additional Sampler Signatures		Chain of Custody Seal Number <b>153163, 4</b>			

**CHAIN OF CUSTODY RECORD**

Relinquished by: (Signature) <i>Matt Mnn'</i>	Date / Time 4/13/94 1115	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

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Split Samples  Accepted (Signature)

Declined

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Contract Laboratory Program Sample Management Office  
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703-557-2490 FTS 557-2490

**Inorganic Traffic Report  
& Chain of Custody Record**  
(For Inorganic CLP Analysis)

SAS No.  
(if applicable)

Case No.  
**21882**

1. Project Code	Account Code	2. Region No.	Sampling Co.	4. Date Shipped	Carrier	6. Preservative (Enter in Column D)	7. Sample Description (Enter in Column A)																		
Regional Information		Sampler (Name) <b>MATT MASTRONARDO</b>		Airbill Number <b>8774630394</b>																					
Non-Superfund Program		Sampler Signature <i>Matt M</i>		5. Ship To <b>SOUTH WEST LABS OF OIC (see page 1)</b>																					
Site Name <b>AVENUE O &amp; 110<sup>TH</sup> ST</b>		3. Type of Activity <table border="1"><tr><td>Lead</td><td>Remedial</td><td>Removal</td></tr><tr><td>SF</td><td>RIFS</td><td>CLEM</td></tr><tr><td>PRP</td><td>RD</td><td>REMA</td></tr><tr><td>ST</td><td>PA</td><td>REM</td></tr><tr><td>SSI</td><td>RA</td><td>OIL</td></tr><tr><td>FED</td><td>NPLD</td><td>UST</td></tr></table>		Lead	Remedial	Removal	SF	RIFS	CLEM	PRP	RD	REMA	ST	PA	REM	SSI	RA	OIL	FED	NPLD	UST	ATTN: MISSY HAMBY			
Lead	Remedial	Removal																							
SF	RIFS	CLEM																							
PRP	RD	REMA																							
ST	PA	REM																							
SSI	RA	OIL																							
FED	NPLD	UST																							
City, State <b>CHICAGO, IL</b>	Site Spill ID <b>ZZ</b>																								
CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp./ Grab	D Preservative from Box 6	E - RAS Analysis		F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/ Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Org. Samp. No.	K Enter Appropriate Qualifier for Designated Field QC  B = Blank S = Spike D = Duplicate PE = Perform. Eval. — = Not a QC Sample													
MEJX90	4	L	G	2	X	Total Dissolved Cyanide Nitrate Fluoride pH Conductivity	5-021073	AV-RB03-201	4/12/94/0935	EWW50	B/BLANK														
MEJX90	4	L	G	3	X		5-021074	AV-RB03-201	4/12/94/0935	EWW50	B/BLANK														
Shipment for Case complete? (Y/N)	Page <u>2</u> of <u>2</u>		Sample used for a spike and/or duplicate				Additional Sampler Signatures			Chain of Custody Seal Number <b>153163,4</b>															

**CHAIN OF CUSTODY RECORD**

Relinquished by: (Signature) <i>Matt M</i>	Date / Time <b>4/13/94 1115</b>	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

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Split Samples  Accepted (Signature)

Declined

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1372-4544-2 Date 4/17/94

From (Your Name) Please Print <b>AMT (ALL TRADES)</b>	Your Phone Number (Very Important) (312) 263-7130	To (Recipient's Name) Please Print <b>HILLMAN INC.</b>	Recipient's Phone Number (Very Important) (415) 551-2356
Company	Department/Floor No	Company	Department/Floor No
B AND V WASTE SCIENCE & TECH Street Address 101 N WACKER DR STE 1100		2014 1/1/94 Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes) 1700 WEST VALLEY	
City <b>CHICAGO</b>	State <b>IL</b>	City <b>FORT WORTH</b>	State <b>TX</b>
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YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice) <b>71280-102</b>			
PAYMENT 3 <input type="checkbox"/> Bill Sender 5 <input type="checkbox"/> Cash/ Check Acct/Credit Card No <b>1312-0626-6</b>		4 <input type="checkbox"/> Bill Recipient's FedEx Acct No 3 <input checked="" type="checkbox"/> Bill 3rd Party FedEx Acct No 4 <input type="checkbox"/> Bill Credit Card Exp Date /	
IF HOLD AT FEDEX LOCATION, Print FEDEX Address Here Street Address Hillman Inc. 1700 West Valley Fort Worth, TX 76102			
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4 SERVICES (Check only one box)		5 DELIVERY AND SPECIAL HANDLING (Check services required)		6 PACKAGES		WEIGHT in Pounds Only	YOUR DECLARED VALUE (See right)	SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY	
Priority Overnight (Delivery by next business morning) Standard Overnight (Delivery by next business afternoon No Saturday delivery) 11 <input checked="" type="checkbox"/> OTHER PACKAGING 16 <input type="checkbox"/> FEDEX LETTER* 12 <input type="checkbox"/> FEDEX PAK* 13 <input type="checkbox"/> FEDEX BOX 14 <input type="checkbox"/> FEDEX TUBE		Standard Overnight (Delivery by next business afternoon No Saturday delivery) 51 <input type="checkbox"/> OTHER PACKAGING 56 <input type="checkbox"/> FEDEX LETTER* 52 <input type="checkbox"/> FEDEX PAK* 53 <input type="checkbox"/> FEDEX BOX 54 <input type="checkbox"/> FEDEX TUBE		Weekday Service 1 <input type="checkbox"/> HOLD AT FEDEX LOCATION WEEKDAY (Fill in Section H) 2 <input checked="" type="checkbox"/> DELIVER WEEKDAY				We will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misnondelivery, unless you declare a higher value, pay an additional charge, and document your actual loss for a timely claim. Limitations found in the current Federal Express Service Guide apply. Your right to recover from Federal Express for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the declared value specified to the left. Recovery cannot exceed actual documented loss. The maximum Declared Value for FedEx Letter and FedEx Pak packages is \$500.	
Economy Two-Day (Delivery by second business day) <small>* Economy Letter Rate not available Maximum weight One pound Economy rate</small>		Government Overnight (Restricted for authorized users only)		Saturday Service 31 <input type="checkbox"/> HOLD AT FEDEX LOCATION SATURDAY (Fill in Section H) 3 <input type="checkbox"/> DELIVER SATURDAY <small>(Extra charge) (Not available to all locations)</small>		Total	Total		
Freight Service <small>(for packages over 100 lbs.)</small>		Special Handling 4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge) 6 <input type="checkbox"/> DRY ICE <small>Dangerous Goods Shipper's Declaration not required</small>		DIM SHIPMENT (Chargeable Weight) Dry Ice 9 UN 1945 X kg 804 lb <input type="checkbox"/> L x W x H <small>Received At</small>				Federal Express Use Base Charges Declared Value Charge Other 1 Other 2 Total Charges	
70 <input type="checkbox"/> OVERNIGHT FREIGHT** <small>(Conformed reservation required)</small>		80 <input type="checkbox"/> TWO-DAY FREIGHT** <small>Declared Value Limit \$500 Call for delivery schedule</small>		1 <input type="checkbox"/> Regular Stop 3 <input type="checkbox"/> Drop Box 12 <input type="checkbox"/> HOLIDAY DELIVERY (If offered) <small>(Extra charge)</small>		2 <input type="checkbox"/> On-Call Stop	4 <input type="checkbox"/> BSC 5 <input type="checkbox"/> Station	<small>Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature, and shall indemnify and hold harmless Federal Express from any claims resulting therefrom</small>	
								<small>In the event of untimely delivery, Federal Express will at your request and with some limitations refund all transportation charges paid. See Service Guide for further information</small>	
<small>† Delivery commitment may be later in some areas</small>								<small>Release Signature</small>	

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REVISION DATE 12/92

PART #137204 FXEM 11/93

FORMAT #158

158

**& Chain of Custody Record**  
(For Organic CLP Analysis)

(if applicable)

21882

Project Code	Account Code		2. Region No.	Sampling Co.		4. Date Shipped	Carrier		6. Preser- vative (Enter in Column D)	7. Sample Description (Enter in Column A)																									
Regional Information			VII	BWWS		4/13/94	FEDERAL EXPRESS																												
Non-Superfund Program			Sampler (Name) <i>MATT MASTRONARDI</i>			Airbill Number 8774360335																													
Site Name			3. Type of Activity			5. Ship To																													
AVENUE O + 118 TH ST.			<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Lead</td> <td>Remedial</td> <td>Removal</td> </tr> <tr> <td>SF <input checked="" type="checkbox"/></td> <td>RIFS <input type="checkbox"/></td> <td>CLEM <input type="checkbox"/></td> </tr> <tr> <td>PRP <input type="checkbox"/></td> <td>PA <input type="checkbox"/></td> <td>RD <input type="checkbox"/></td> </tr> <tr> <td>ST <input type="checkbox"/></td> <td>SSI <input type="checkbox"/></td> <td>REMA <input type="checkbox"/></td> </tr> <tr> <td>FED <input type="checkbox"/></td> <td>O&amp;M <input type="checkbox"/></td> <td>REM <input type="checkbox"/></td> </tr> <tr> <td colspan="3">EPA <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="3">NPLD <input type="checkbox"/></td> </tr> <tr> <td colspan="3">UST <input type="checkbox"/></td> </tr> </table>			Lead	Remedial	Removal	SF <input checked="" type="checkbox"/>	RIFS <input type="checkbox"/>	CLEM <input type="checkbox"/>	PRP <input type="checkbox"/>	PA <input type="checkbox"/>	RD <input type="checkbox"/>	ST <input type="checkbox"/>	SSI <input type="checkbox"/>	REMA <input type="checkbox"/>	FED <input type="checkbox"/>	O&M <input type="checkbox"/>	REM <input type="checkbox"/>	EPA <input checked="" type="checkbox"/>			NPLD <input type="checkbox"/>			UST <input type="checkbox"/>			AMERICAN ANALYTICAL AND TESTING SERVICES 11950 INDUSTRIPLEX BLVD. BATON ROUGE, LA 70809					
Lead	Remedial	Removal																																	
SF <input checked="" type="checkbox"/>	RIFS <input type="checkbox"/>	CLEM <input type="checkbox"/>																																	
PRP <input type="checkbox"/>	PA <input type="checkbox"/>	RD <input type="checkbox"/>																																	
ST <input type="checkbox"/>	SSI <input type="checkbox"/>	REMA <input type="checkbox"/>																																	
FED <input type="checkbox"/>	O&M <input type="checkbox"/>	REM <input type="checkbox"/>																																	
EPA <input checked="" type="checkbox"/>																																			
NPLD <input type="checkbox"/>																																			
UST <input type="checkbox"/>																																			
City, State CHICAGO, IL			Site Spill ID ZZ			ATTN: SUSAN STEWART																													
CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp./ Grab	D Preser- vative from Box 6	E RAS Analysis		F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/ Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Inorg. Samp. No.	K Enter Appropriate Qualifier for Designated Field QC																							
					VOA	BNA							Pest/ PCB	High only	ARO/ TOX																				
EWT80	5	L	G	6	X	X	X	5-021029-31	AV-SS01-001	4/12/94/1055	MEJ92	—																							
EWT93	5	L	G	6	X	X	X	5-021033-5	AV-SS02-001	4/12/94/1120	MEJ93	—																							
EWT94	5	L	G	6	X	X	X	5-021037-9	AV-SS03-001	4/12/94/1155	MEJ94	—																							
EWT95	5	L	G	6	X	X	X	5-021041-3	AV-SS04-001	4/12/94/1020	MEJ95	—																							
EWT96	5	L	G	6	X	X	X	5-021045-7	AV-SS05-001	4/12/94/1440	MEJ96	—																							
EWT97	5	L	G	6	X	X	X	5-021050-2	AV-SS06-001	4/12/94/1400	MEJ97	—																							
EWT98	5	L	G	6	X	X	X	5-0210523-5	AV-SS07-001	4/12/94/1510	MEJ98	—																							
EWT72	5	L	G	6	X	X	X	5-021057-9	AV-SS08-001	4/12/94/1540	MEJ99	—																							
AEWX82	5	L	G	6	X	X	X	5-021061-3	AV-SS09-001	4/12/94/1330	MEJ92	—																							
EWX88	5	L	G	6	X	X	X	5-021065-7	AV-SS15-001	4/12/94/0955	MEJ98	—																							
Shipment for Case complete? (Y/N)	Page 1 of 1		Sample used for a spike and/or duplicate				Additional Sampler Signatures			Chain of Custody Seal Number 153161, 2																									

**CHAIN OF CUSTODY RECORD**

Relinquished by: (Signature) <i>Matt Mastromarzzi</i>	Date / Time 4/13/94 1100	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

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0 35296

MAN  
4-13-94

**Inorganic Name Report  
& Chain of Custody Record**  
(For Inorganic CLP Analysis)

Case No.  
(if applicable)

21882

Code	Account Code	2. Region No.	Sampling Co.		4. Date Shipped	Carrier	6. Preser- ative (Enter In Column D)	7. Sample Description (Enter in Column A)				
		V	BVWS		4/12/94	FEDERAL EXPRESS						
Regional Information		Sampler (Name)		Airbill Number								
TFA102		MATT MASTRONARD		8774360420								
Non-Superfund Program		Sampler Signature		5. Ship To								
				SOUTHWEST LABS OF OKLAHOMA								
				1700 W. ALBANY								
				BROWNS ARROW, OK 74012								
				ATTN: MISSY HAMBY								
Site Name		3. Type of Activity		Remedial	Removal							
AVENUE O & 118TH ST.		SF	Lead	RIFS	CLEM							
		PRP	Pre- Remedial	RD	REMA							
		ST	PA	RA	REM							
		FED	SSI	O&M	OIL							
City, State		Site Spill ID		NPLD	UST							
CHICAGO, IL		ZZ										
CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp./ Grab	D Preser- vative from Box 6	E - RAS Analysis		F	G	H	I	J	K
					Metals	Low Conc. only						
MEJX94	5	L	G	6	X	X	5-0213199	AV-SS11-001	4/11/94/1240		EWX84	
MEJX95	5	L	G	6	X	X	5-023203	AV-SS12-001	4/11/94/130		EWX85	
MEJX96	5	L	G	6	X	X	5-023207	AV-SS13-001	4/11/94/1325		EWX86	
MEJX97	5	L	G	6	X	X	5-023211	AV-SS14-001	4/11/94/1359		EWX87	
MEJX99	5	L	G	6	X	X	5-023215	AV-SS16-001	4/11/94/1430		EWX89	
MEJX89	4	L	G	6	X	X	5-0231023	AV-RB02-201	4/11/94/1750		EWW49	B/BLANK
MEJX89	4	L	G	3	X		5-021024	AV-RB02-201	4/11/94/1750		EWW49	B/BLANK
Shipment for Case complete? (Y/N)	Page 1 of 1	Sample used for a spike and/or duplicate				Additional Sampler Signatures			Chain of Custody Seal Number			
		MEJX94							153157, 153158			

**CHAIN OF CUSTODY RECORD**

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Matt Hamb	4/12/94 1845				
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

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Declined

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| 345600



United States Environmental Protection Agency  
Contract Laboratory Program Sample Management Office  
PO Box 818 Alexandria, VA 22313  
703-557-2490 FTS 557-2490

# Organic Traffic Report & Chain of Custody Record

(For Organic CLP Analysis)

												SAS No. (if applicable)	Case No.	
1. Project Code		Account Code		2. Region No.	Sampling Co.		4. Date Shipped	Carrier		6. Preservative (Enter in Column D)  1. HCl 2. HNO3 3. NaHSO4 4. H2SO4 5. Other (Specify) 6. Ice only N. Not preserved	7. Sample Description (Enter in Column A)  1. Surface Water 2. Ground Water 3. Leachate 4. Rinsate 5. Soil/Sediment 6. Oil (High only) 7. Waste (High only) 8. Other (Specify)			
Regional Information		Sampler (Name)				Airbill Number								
TFA 102		Matt Mastromarco				8774360431								
Non-Superfund Program		Sampler Signature				5. Ship To								
Site Name		AMERICAN ANALYTICAL & TECH.				SERVICES								
AVENUE O + 118TH ST.						11950 INDUSTRIPLEX BLVD.								
City, State		Baton Rouge, LA 70809				ATTN: SUSAN STEWART								
CHICAGO, IL		Site Spill ID ZZ												
CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp./Grab	D Preservative from Box 6	E RAS Analysis				F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Inorg. Samp. No.	K Enter Appropriate Qualifier for Designated Field QC
					VOA	BNA	Pest/PCB	High only ARO/TOX						
EWX84	5	L	G	6	X	X	X		5-023196-8	AN-SS11-001	4/11/94/1240		HEJX94	—
EWX85	5	L	G	6	X	X	X		5-023200-2	AV-SS12-00	4/11/94/1310		HEJX95	—
EWX86	5	L	G	6	X	X	X		5-023204-6	AV-SS13-001	4/11/94/1325		HEJX96	—
EWX87	5	L	G	6	X	X	X		5-023208-10	AV-SS14-001	4/11/94/1350		HEJX97	—
EWX89	5	L	G	6	X	X	X		5-023212-14	AV-SS16-001	4/11/94/1430		HEJX99	—
EWW49	5	L	G	6	X	X	X		5-021019-22	AV-RB02-201	4/11/94/1750		HEJX89	B/BLANK
EWW49	4	L	G	1	X				5-021019, 20	AV-RB02-201	4/11/94/1750		MEJX89	B/BLANK
EWW49	4	L	G	6		X	X		5-021021, 2	AV-RB02-201	4/11/94/1750		HEJX89	B/BLANK
EWW46	3	L	G	1	X				5-021027, 8	AV-TB02-201	4/11/94/1400		—	B/BLANK
Shipment for Case complete? (Y/N)	Page 1 of 1		Sample used for a spike and/or duplicate MAM 4-11-94 EWX84				Additional Sampler Signatures				Chain of Custody Seal Number 153159, 60			

## CHAIN OF CUSTODY RECORD

Relinquished by: (Signature) Matt Marrocco	Date / Time 4/12/94 1920	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

EPA Form 9110-2 (Rev. 5-91) Replaces EPA Form (2075-7), previous edition which may be used

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8774360405

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SENDER'S FEDERAL EXPRESS ACCOUNT NUMBER <b>1372-4544-2</b>		Date <b>4/11/94</b>	To (Recipient's Name) Please Print <b>Delta Massundi</b>	
From (Your Name) Please Print <b>Bal Berna</b>		Your Phone Number (Very Important) <b>(312) 346-4775</b>	Recipient's Phone Number (Very Important) <b>(713) 266-6800</b>	
Company <b>E AND V WASTE SCIENCE &amp; TECH</b> Street Address <b>101 N WACKER DR STE 1100</b>		Department/Floor No	Company <b>Keystone Lab - Houston</b> Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes) <b>8300 West Park Drive</b>	
City <b>CHICAGO</b>		State <b>IL</b>	ZIP Required <b>60606</b>	City <b>Houston, Texas</b>
YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice) <b>71280-102</b>		IF HOLD AT FEDEX LOCATION, Print FEDEX Address Here Street Address		
PAYMENT 3 <input type="checkbox"/> Bill Sender    2 <input type="checkbox"/> Bill Recipient's FedEx Acct. No    3 <input checked="" type="checkbox"/> Bill 3rd Party FedEx Acct. No 5 <input type="checkbox"/> Cash/ Check    Acct/Credit Card No <b>1362-0620-6</b>		4 <input type="checkbox"/> Bill Credit Card Exp Date <b>/</b>	City State ZIP Required	
4 SERVICES (Check only one box)		5 DELIVERY AND SPECIAL HANDLING (Check services required)	6 PACKAGES	7 SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY
Priority Overnight (Delivery by next business morning) 11 <input checked="" type="checkbox"/> OTHER PACKAGING 16 <input type="checkbox"/> FEDEX LETTER* 12 <input type="checkbox"/> FEDEX PAK* 13 <input type="checkbox"/> FEDEX BOX 14 <input type="checkbox"/> FEDEX TUBE		Standard Overnight (Delivery by next business afternoon (No Saturday delivery) 51 <input type="checkbox"/> OTHER PACKAGING 56 <input type="checkbox"/> FEDEX LETTER* 52 <input type="checkbox"/> FEDEX PAK* 53 <input type="checkbox"/> FEDEX BOX 54 <input type="checkbox"/> FEDEX TUBE	Weekday Service 1 <input type="checkbox"/> HOLD AT FEDEX LOCATION WEEKDAY (Fill in Section H) 2 <input checked="" type="checkbox"/> DELIVER WEEKDAY	Federal Express Use Base Charges
Economy Two-Day (Delivery by second business day) 30 <input type="checkbox"/> ECONOMY* <small>*Economy Letter Rate not available Minimum charge One pound Economy rate</small>		Government Overnight (Restricted for authorized users only)	Saturday Service 31 <input type="checkbox"/> HOLD AT FEDEX LOCATION SATURDAY (Fill in Section H) 3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge) (Not available to all locations)	Declared Value Charge
			9 <input type="checkbox"/> SATURDAY PICK-UP (Extra charge)	Other 1
			Total Total Total	Other 2
			DIM SHIPMENT (Chargeable Weight) <input type="checkbox"/> lbs	Total Charges
			L x W x H	REVISION DATE 12/92 PART #137204 FXEM 11/93 FORMAT #158
			Received At	Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.
			1 <input type="checkbox"/> Regular Stop    3 <input type="checkbox"/> Drop Box 2 <input type="checkbox"/> On Call Stop    4 <input type="checkbox"/> B S C 5 <input type="checkbox"/> Station	Release Signature <b>158</b> © 1992 93 FEDEX PRINTED IN U.S.A.

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Site Name Ave O and 118 <sup>th</sup> Street				3. Type of Activity Lead Remedial Removal SF Remedial RIFS CLEM PRP PA RD REMA ST SSI RA REM FED ESI O&M OIL NPLD UST UST				8300 West Park Drive Houston, Texas 77063 ATTN: Della Massoudi 713-266-6800				4. H <sub>2</sub> SO <sub>4</sub> 5. Other (Specify) 6. Ice only N. Not preserved		5. Soil/Sediment 6. Oil (High only) 7. Waste (High only) 8. Other (Specify)	
City, State Chicago, IL		Site Spill ID 77													
CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp/ Grab	D Preservative from Box 6	E RAS Analysis				F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/ Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Inorg. Samp. No.	K Enter Appropriate Qualifier for Designated Field QC	
					VOA	BNA	Pest/ PCB	High only							ARO/ TOX
EWX45	5	L	G	6	X	X	X	5-021001-3	AV-ST01-001	4/11/94 1345	MEJX85				
EWX46	5	L	G	6	X	X	X	5-021005-7	AV-ST02-001	4/11/94 1420	MEJX86				
EWX47	5	L	G	6	X	X	X	5-021007-11	AV-ST03-001	4/11/94 1445	MEJX87				
EWW51	4	L	G	1	X			5-021013-4	AV-RB01-201	4/11/94 1225	MEJX91	13/BLANK			
EWW51	4	L	G	6		X	X	5-021015-6	AV-RB01-201	4/11/94 1225	MEJX91	13/BLANK			
EWW48	3	L	G	1	X			5-021025-6	AV-TB01-201	4/11/94 1255			B/BLANK		
Shipment for Case complete? (Y/N)	Page 1 of 1		Sample used for a spike and/or duplicate EWX45				Additional Sampler Signatures Ralph Berney				Chain of Custody Seal Number 153153, 153154				

#### CHAIN OF CUSTODY RECORD

Relinquished by: (Signature) Wade A. Oregon	Date / Time 4/11/94 1920	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

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O 352963

<b>EPA</b> United States Environmental Protection Agency Contract Laboratory Program Sample Management Office PO Box 818 Alexandria, VA 22313 703-557-2490 FTS 557-2490										<b>Inorganic Traffic Report &amp; Chain of Custody Record</b> (For Inorganic CLP Analysis)		SAS No. (if applicable)	Case No.		
1. Project Code		Account Code		2. Region No.		Sampling Co.		4. Date Shipped		Carrier		6. Preservative (Enter in Column D)		7. Sample Description (Enter in Column A)	
				<b>V</b>		<b>BWST</b>		4/11/94		Fed. Express					
Regional Information				Sampler (Name) <i>Wade Gregson</i> , <i>Dal Berenna</i>				Airbill Number <b>8714360416</b>							
Non-Superfund Program				Sampler Signature <i>Wade A. Greg</i>				5. Ship To ITMO St. Louis Laboratory 13715 Rider Trail North Earth City, MO 63045 ATTN: Bob Cowart 314-278-8566							
Site Name Avenue D and 118 <sup>th</sup> Street				3. Type of Activity <i>Remedial Removal</i>				SF <input checked="" type="checkbox"/> Lead <input type="checkbox"/> Pre-Remedial RIFS <input type="checkbox"/> CLEM <input type="checkbox"/> PRP <input type="checkbox"/> PA <input type="checkbox"/> RD <input type="checkbox"/> REMA <input type="checkbox"/> ST <input type="checkbox"/> SSI <input type="checkbox"/> RA <input type="checkbox"/> REM <input type="checkbox"/> FED <input type="checkbox"/> ESI <input checked="" type="checkbox"/> NPLD <input type="checkbox"/> OIL <input type="checkbox"/> UST <input type="checkbox"/>							
City, State Chicago, IL		Site Spill ID ZZ													
CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp./ Grab	D Preservative from Box 6	E - RAS Analysis				F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/ Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Org. Samp. No.	K Enter Appropriate Qualifier for Designated Field QC	
					Total	Dissolved	Cyanide	Low Conc. only						High only	Nitrate/Nitrite
MEJX85	5	L	G	6	X	X				5-021004	AV-ST01-001	4/11/94 1345	Ewx 45	—	
MEJX86	5	L	G	6	X	X				5-021008	AV-ST02-001	4/11/94 1420	Ewx 46	—	
MEJX87	5	L	G	6	X	X				5-021012	AV-ST03-001	4/11/94 1445	Ewx 47	—	
MEJX91	4	L	G	2	X					5-121017	AV-RB01-201	4/11/94 1225	Ewv51	B/ BLANK	
MEJX91	4	L	G	3		X				5-021018	AV-RB01-201	4/11/94 1225	Ewv51	B/ BLANK	
Shipment for Case complete? (Y/N)	Page 1 of 1		Sample used for a spike and/or duplicate <i>MEJX85</i>				Additional Sampler Signatures <i>Dal Berenna</i>			Chain of Custody Seal Number <i>153155, 153156</i>					

**CHAIN OF CUSTODY RECORD**

Relinquished by: (Signature) <i>Wade A. Greg</i>	Date / Time 4/11/94 1925	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

EPA Form 9110-1 (Rev. 5-91) Replaces EPA Form (2075-6), previous edition which may be used

 DISTRIBUTION:  
 Green - Region Copy Pink - SMO Copy White - Lab Copy for return to Region Yellow - Lab  
 Copy for Return to SMO

 Split Samples  Accepted (Signature)

 Declined

SEE REVERSE FOR ADDITIONAL STANDARD INSTRUCTIONS



United States Environmental Protection Agency  
Contract Laboratory Program Sample Management Office  
PO Box 818 Alexandria, VA 22313  
703-557-2490 FTS 557-2490

# Organic Traffic Report & Chain of Custody Record

(For Organic CLP Analysis)

SAS No.  
(if applicable)

Case No.

1. Sample Description (Enter in Column A)		2. Preservative (Enter in Column D)		3. Region No. Sampling Co.		5. Date Shipped		Carrier		7. Date Received - Received by				
				V	BVWS	4/13/14		FEDERAL EXPRESS		4/15/14 Sean Stewart				
1. Surface Water 2. Ground Water 3. Leachate 4. Rinse 5. Soil/Sediment 6. Oil (High only) 7. Waste (High only) 8. Other (Specify)		1. HCl 2. HNO3 3. NaHSO4 4. H2SO4 5. Other (Specify) 6. Ice only N. Not preserved		Sampler (Name) <i>MATT MASTICON H2O/D</i>		Airbill Number 8774360335		6. Ship To AMERICAN ANALYTICAL TESTING SERVICES 11750 WILMINGTON PLX BATON ROUGE LA 70804 ATTN: SUSAN STEWART		8. Transfer to Received by Contract Number				
				Sampler Signature <i>MATT MASTICON H2O/D</i>		4. Type of Activity Lead Remedial Removal SF Remedial RD REM PRP PA RA REM ST SSI O&M OIL FED FSI NPLD UST								
CLP Sample Numbers (from labels)	A Enter #	B Conc. Low Med High	C Sample Type: Comp./ Grab	D Preservative from Box 6	E RAS Analysis			F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Inorg. Samp. No.	K Sample Condition on Rec'd	L High/Conc. Phases (Check below)
	From Box 1	VOA	BNA	Pest/ PCB	High	ARO/ TOX								
	FWT80	5	L	G	6	X	X	X	5-021021-31	AV-5501-001	4/12/94/1055	HE JJJ12		
	EWT93	5	L	G	6	X	X	X	5-021033-5	AV-5502-001	4/12/94/1120	HE JJJ13		
	EWT94	5	L	G	6	X	X	X	5-021037-7	AV-5503-001	4/12/94/1155	HE JJJ14		
	EWT95	5	L	G	6	X	X	X	5-021041-3	AV-5504-001	4/12/94/1120	HE JJJ15		
	EWT96	5	L	G	6	X	X	X	5-021045-7	AV-5505-001	4/12/94/1440	HE JJJ16		
	EWT17	5	L	G	6	X	X	X	5-021051-2	AV-5506-001	4/12/94/1100	HE JJJ17		
	EWT76	5	L	G	6	X	X	X	5-021052-5	AV-5507-001	4/12/94/1510	HE JJJ18		
	EWT72	5	L	G	6	X	X	X	5-021057-9	AV-5508-001	4/12/94/1540	HE JJJ19		
AEWX82	5	L	G	6	X	X	X	5-021061-3	AV-5509-001	4/12/94/1330	HE JJJ20			
EWX88	5	L	G	6	X	X	X	5-021065-7	AV-5510-001	4/12/94/0955	HE JX98			
Shipment for Case complete? (Y/N)	Page 1 of 1			Sample used for a spike and/or duplicate			Additional Sampler Signatures			Chain of Custody Seal Number				
										153161, Z				

## CHAIN OF CUSTODY RECORD

Relinquished by: (Signature) <i>MATT MASTICON H2O/D</i>	Date / Time 4/13/94 1100	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature) <i>Sean Stewart</i>	Date / Time 4/15/94 0945	Remarks	Is custody seal intact? Y/N/none

EPA Form 8110-2 (Rev. 5-81) Replaces EPA Form (2075-7), previous edition which may be used

DISTRIBUTION:  
Blue -  Copy Pink - SMO Copy White - Lab Copy for Return to Region Yellow - Lab Copy for Return to SMO

SDG # *Ewan*

*Final Sample*

Split Samples  Accepted (Signature)

Declined

SEE REVERSE FOR ADDITIONAL STANDARD INSTRUCTIONS

O 352765

## Organic Sample Collection Requirements

"This form replaces both the Individual Traffic Report and EPA Chain of Custody Record. If the sampling team elects to use an alternative chain-of-custody form, cross out the bottom portion of this record and indicate that chain-of-custody information is recorded on an alternative form."

Water Samples	Required Volume	Container Type
Extractable Analysis (Low Level)	1 Gallon	1 X 4-liter Amber Glass Bottle OR 2 X 80-oz Amber Glass Bottles OR 4 X 1-liter Amber Glass Bottles
Extractable Analysis (Medium Level*)	1 Gallon	32-oz Wide-Mouth Glass Jars 2 X 40-ml Glass Vials
Volatile Analysis (Low or Medium Level*)	80 ml	



\*All Medium and High Level Samples to be Sealed In Metal Can for Shipment

Soil/Sediment Samples	Required Volume	Container Type
Extractable Analysis (Low or Medium Level*)	6 oz	1 X 8-oz Wide-Mouth Glass Jar OR
Volatile Analysis (Low or Medium Level*)	240 ml.	2 X 4-oz Wide-Mouth Glass Jars 2 X 120 ml Wide-Mouth Glass Vial(s)

\*Soil VOA Vials under study, subject to change - check to ensure proper sealing

### HIGH CONCENTRATION SAMPLE COLLECTION REQUIREMENTS

Liquid or Solid Samples	Required Volume	Container Type
Extractable and Volatile Analysis	6 oz	1 X 8-oz Wide-Mouth Glass Jar

#### 1. Organic Sample Collection Requirements

- Please indicate sample to spike and/or duplicate.
- Ship medium and high concentration samples in paint cans.
- Aqueous samples require one triple-volume sample per twenty for Matrix Spike/Matrix Spike Duplicate.
- Oily samples must be analyzed under the Special Analytical Services (SAS) program
- Confirmatory analysis and Special Analytical Services (SAS) parameters may require extra volume; for SAS consult specified SAS methods for requirements.
- Additional sample volume not required for method OLC01.

#### 2. Cooler and Sample Documentation

- Complete all sections of the Traffic Report/Chain of Custody Form - Press firmly with a ball point pen to ensure that carbon copies are legible. Check the information and correct any errors.
- Please remember to complete the Chain of Custody Information on the form.
- Seal the two sets of laboratory Traffic Report/Chain of Custody form copies in a plastic bag. Include a return address for the cooler. Tape bag under cooler lid.
- Overlap the lid and bottle of each sample container with custody seals.
- Seal each container in a plastic bag.
- Pack medium and high concentration samples in metal cans.
- Cool low waters to 4° C. Cooling of low soils is optional. Do not cool medium or high concentration waters and soils.
- Separate and surround cooler contents with vermiculite or equivalent packaging.
- Seal the cooler, overlapping the lid and body with custody seals.
- FAX SMO a copy of the Traffic Report/Chain of Custody Form as soon as possible. Send SMO the pink copy of the Traffic Report within 5 days.
- In column E RAS analysis indicate number of sample bottles sent for analysis.

#### 3. Sample Shipment Reporting

- PHONE IN ALL SHIPMENTS IMMEDIATELY TO SMO (or to RSCC, if instructed)

Required information:

Case (and/or SAS) Number

Date shipped

Number of samples by concentration and matrix

Carrier and airbill number

Next planned shipment

Leave your name and a number where you can be reached.

- Information for SATURDAY DELIVERIES must be phoned in by 3:00 PM (Eastern) the preceding FRIDAY.
- Report any delays or changes of scope (i.e., changes in number of samples to be collected, matrix changes, etc.)
- CALL IF YOU HAVE ANY QUESTIONS

USEPA Contract Laboratory Program

Sample Management Office

P.O. Box 818

Alexandria, VA 22313

Phone: (703) 557-2490

(703) 684-5678

FAX: (703) 683-0378



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Contract Laboratory Program Sample Management Office  
PO Box 818 Alexandria, VA 22313  
703-557-2490 FTS 557-2490

# Organic Traffic Report & Chain of Custody Record

(For Organic CLP Analysis)

SAS No.  
(if applicable)

Case No.

21882

1. Sample Description (Enter in Column A)		2. Preservative (Enter in Column D)		3. Region No.	Sampling Co.	5. Date Shipped	Carrier	7. Date Received -- Received by								
				VI	EWW5	4/13/94	FEDERAL EXPRESS	4/15/94 Sean Stewart								
1. Surface Water 2. Ground Water 3. Leachate 4. Rinsate 5. Soil/Sediment 6. Oil (High only) 7. Waste (High only) 8. Other (Specify)		1. HCl 2. HNO3 3. NaHSO4 4. H2SO4 5. Other (Specify) 6. Ice only N. Not preserved		Sampler (Name) MATTIA STICCIARDI		Airbill Number 8774360355	MMW 4/13/94	Laboratory Contract Number C47112	Unit Price							
				Sampler Signature Mattia Sticciardi		6. Ship To	HILLMAN ANALYTICAL INC TESTING SVC. (SEE PAGE 1)	8. Transfer to	Date Received							
						ATTN:		Received by								
								Contract Number	Price							
CLP Sample Numbers (from labels)		A Enter # From Box 1	B Conc. Low Med High	C Sample Type / Comp / Grab	D Preservative from Box 6	E RAS Analysis		F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Inorg. Samp. No.	K Sample Condition on Rec'd	L High Conc. Phases (Check below)		
EWW50		4	L	G	X	VOA	BNA	Pest/PCB	High	5-021069,70	AU-RB03-201	4/13/94/0935	MEJX90	<input type="checkbox"/> Solids	<input type="checkbox"/> Water - Ms Lq.	<input type="checkbox"/> Non Water - Ms Lq.
EWW50		4	L	G	X	X	X	ARO/TOX		5-021071,2	AU-RB03-201	4/13/94/0935	MEJX90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EWW47		3	L	G	X					5-021075,6	AU-TB03-201	4/13/94/0830	MEJX90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shipment for Case complete? (Y/N)		Page 2 of 2		Sample used for a spike and/or duplicate				Additional Sampler Signatures		Chain of Custody Seal Number 153161,2						

### CHAIN OF CUSTODY RECORD

Relinquished by: (Signature) Mattia Sticciardi	Date / Time 4/13/94 11:00	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature) Sean Stewart	Date / Time 4/15/94 09:45	Remarks	Is custody seal intact? Y/N/none
Split Samples <input type="checkbox"/> Accepted (Signature) <input type="checkbox"/> Declined					

EPA Form 9110-2 (Rev. 5-91) Replaces EPA Form (2075-7), previous edition which may be used

DISTRIBUTION:  
Blue - R Copy Pink - SMO Copy White - Lab Copy for Return to Region Yellow - Lab Copy for Return to SMO

SEE REVERSE FOR ADDITIONAL STANDARD INSTRUCTIONS

## Organic Sample Collection Requirements

This form replaces both the Individual Traffic Report and a EPA Chain of Custody Report. If the sampling team elects to use an alternative chain-of-custody form, cut out the bottom portion of this record and indicate that chain-of-custody information is recorded on an alternative form.

Water Samples	Required Volume	Container Type	Soil/Sediment Samples	Required Volume	Container Type
Extractable Analysis (Low Level)	1 Gallon	1 X 4-Liter Amber Glass Bottle OR 2 X 80-oz Amber Glass Bottles OR 4 X 1-liter Amber Glass Bottles	Extractable Analysis (Low or Medium Level*)	6 oz	1 X 3-oz Wide Mouth Glass Jar
Extractable Analysis (Medium Level*)	1 Gallon	32-oz. Wide-Mouth Glass Jar		240 ml	2 X 4-oz. Wide-Mouth Glass Jars
Volatile Analysis (Low or Medium Level*)	30 ml	3 X 40-ml Glass Vials	Volatile Analysis (Low or Medium Level*)	30 ml	2 X 120 ml Wide-Mouth Glass Vials

\*See VOA Miss Underway Submittal Change 6 for the proper labeling

## HIGH CONCENTRATION SAMPLE COLLECTION REQUIREMENTS

Liquid or Solid Samples	Required Volume	Container Type
Extractable and Volatile Analysis	6 oz	1 X 6-oz Wide-Mouth Glass Jar



✓ Medium and High Level Samples to be Sealed in Metal Can for Shipment

### 1. Organic Sample Collection Requirements

- Please indicate sample to spike and/or duplicate.
- Ship medium and high concentration samples in paint cans.
- Aqueous samples require one triple-volume sample per twenty for Matrix Spike/Matrix Spike Duplicate.
- Only samples must be analyzed under the Special Analytical Services (SAS) program.
- Confirmatory analysis and Special Analytical Services (SAS) parameters may require extra volume, for SAS consult specified SAS methods for requirements
- Additional sample volume not required for method OLC01.

### 2. Cooler and Sample Documentation

- Complete all sections of the Traffic Report/Chain of Custody Form - Press firmly with a ball point pen to ensure that carbon copies are legible. Check the information and correct any errors.
- Please remember to complete the Chain of Custody information on the form.
- Seal the two sets of laboratory Traffic Report/Chain of Custody form copies in a plastic bag. Include a return address for the cooler. Tape bag under cooler id.
- Overlap the lid and bottle of each sample container with custody seals.
- Seal each container in a plastic bag.
- Pack medium and high concentration samples in metal cans.
- Cool low waters to 4°C. Cooling of low soils is optional. Do not cool medium or high concentration waters and soils.
- Separate and surround cooler contents with vermiculite or equivalent packaging.
- Seal the cooler, overlapping the lid and body with custody seals.
- FAX SMO a copy of the Traffic Report/Chain of Custody Form as soon as possible. Send SMO the pink copy of the Traffic Report within 5 days.
- In column E RAS analysis indicate number of sample bottles sent for analysis.

### 3. Sample Shipment Reporting

- PHONE IN ALL SHIPMENTS IMMEDIATELY TO SMO (or to RSCC, if instructed)

Required Information:

- Case (and/or SAS) Number
- Date shipped
- Number of samples by concentration and matrix
- Carrier and airbill number

Next planned shipment

Leave your name and a number where you can be reached.

- Information for SATURDAY DELIVERIES must be phoned in by 3:00 PM (Eastern) the preceding FRIDAY.
- Report any delays or changes of scope (i.e., changes in number of samples to be collected, matrix changes, etc.)
- CALL IF YOU HAVE ANY QUESTIONS

USEPA Contract Laboratory Program

Sample Management Office

P.O. Box 818

Alexandria, VA 22313

Phone: (703) 557-2490

(703) 684-5678

FAX: (703) 683-0378



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PO Box 818 Alexandria, VA 22313  
703-557-2490 FTS 557-2490

**Inorganic Traffic Report  
& Chain of Custody Record**  
(For Inorganic CLP Analysis)

SAS No.  
(if applicable)

Case No.  
**21882**

1. Project Code	Account Code	2. Region No.	Sampling Co.	4. Date Shipped	Carrier	6. Preser- ative (Enter in Column D)	7. Sample Description (Enter in Column A)						
		V	BVWS	4/12/94	FEDERAL EXPRESS								
Regional Information		Sampler (Name)		Airbill Number									
TFA102		MATT MASTRONARD		8774360420									
Non-Superfund Program		Sampler Signature		5. Ship To									
Site Name		3. Type of Activity		SOUTHWEST LABS OF OKLAHOMA		1. HCl 2. HNO3 3. NaOH 4. H <sub>2</sub> SO <sub>4</sub> 5. K <sub>2</sub> Cr <sub>2</sub> O <sub>7</sub> 6. Ice only 7. Other (Specify) N. Not preserved							
AVENUE O + 118TH ST.		Lead	RIFS	CLEM	1700 W. ALBANY								
City, State		Pre- Remedial	RD	REMA	BIGWICH ARROW, OK 74012								
CHICAGO, IL		PRP	PA	REM	ATTN: MISSY HAMBY								
Site Spill ID		ST	RA	OIL									
ZZ		FED	SSI	O&M									
			NPLD	UST									
CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp./ Grab	D Preser- ative from Box 6	E - RAS Analysis		F	G	H	I	J	K	
					Metals	Low Conc only	High only	Regional Specific Tracking Number or Tag Numbers	Station Location Number	Mo/Day/ Year/Time Sample Collection	Sampler Initials	Corresp. CLP Org. Samp. No.	Enter Appropriate Qualifier for Designated Field QC
					Total	Dissolved		MAM 4/12/94					
					Cyanide								
					Nitrate/ Nitrite	Fluoride	pH						
							Conduc- tivity						
✓ MEJX94	5	L	G	6	X	X		5-0213199	AV-SS11-001	4/11/94/1240		EWX 84	_____
✓ MEJX95	5	L	G	6	X	X		5-023203	AV-SS12-001	4/11/94/130		EWX 85	_____
✓ MEJX96	5	L	G	6	X	X		5-023207	AV-SS13-001	4/11/94/1325		EWX 86	_____
✓ MEJX97	5	L	G	6	X	X		5-023211	AV-SS14-001	4/11/94/1359		EWX 87	_____
✓ MEJX99	5	L	G	6	X	X		5-023215	AV-SS16-001	4/11/94/1430		EWX 89	_____
MEJX89	4	L	G	6	X	X		5-021023	AV-RB02-201	4/11/94/1750		EWX 49	B/BLANK
MEJX89	4	L	G	3	X			5-021024	AV-RB02-201	4/11/94/1750		EWX 49	B/BLANK
Shipment for Case complete? (Y)	Page 1 of	Sample used for a spike and/or duplicate				Additional Sampler Signatures			Chain of Custody Seal Number				
		MEJX94							153157, 153158				

**CHAIN OF CUSTODY RECORD**

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Matt H	4/12/94 1845				
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

EPA Form 9110-1 (Rev. 5-91) Replaces EPA Form (2075-6), previous edition which may be used

DISTRIBUTION:  
Green - Region Copy Pink - SMO Copy White - Lab Copy for return to Region Yellow - Lab  
Copy for Return to SMO

Split Samples  Accepted (Signature)

Declined

SEE REVERSE FOR ADDITIONAL STANDARD INSTRUCTIONS



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SENDER'S FEDERAL EXPRESS ACCOUNT NUMBER <b>1 1372-4544-2</b>		Date <b>4/12/94</b>	Your Phone Number (Very Important) <b>(718) 534-7421</b>			To (Recipient's Name) Please Print <b>2 (718) 534-7421</b>		Recipient's Phone Number (Very Important) <b>(718) 531-2233</b>	
From (Your Name) Please Print <b>3 AND V WASTE SCIENCE &amp; TECH</b>		Company <b>3 AND V WASTE SCIENCE &amp; TECH</b>	Department/Floor No <b>101 N WALKER DR STE 1100</b>	City <b>CHICAGO</b>	State <b>IL</b>	ZIP Required <b>60606</b>	City <b>LAWRENCE PARK OK</b>	State <b>OK</b>	ZIP Required <b>74012</b>
Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes)									
YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice.) <b>71800.100</b>									
IF HOLD AT FEDEX LOCATION, Print FEDEX Address Here <b>H Street Address</b>									
PAYMENT 3 <input checked="" type="checkbox"/> Bill Sender <input type="checkbox"/> Bill Recipient's FedEx Acct No <input type="checkbox"/> Bill 3rd Party FedEx Acct No		4 <input type="checkbox"/> Bill Credit Card		5 SERVICES (Check only one box)		6 DELIVERY AND SPECIAL HANDLING (Check services required)		7 PACKAGES In Pounds Only	
5 <input type="checkbox"/> Cash/Check Acct/Credit Card No _____		Exp Date / /							
8 SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY									
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<p>REVISION DATE 12/92 PART #137204 FXEM 11/93 FORMAT #158</p> <p><b>158</b></p> <p>© 1992-93 FEDEX PRINTED IN U.S.A.</p>									
<p>Freight Service (for packages over 150 lbs.)</p> <p>70 <input type="checkbox"/> OVERNIGHT FREIGHT** (Confirmed reservation required)</p> <p>80 <input type="checkbox"/> TWO-DAY FREIGHT** (Extra charge)</p> <p>Decided Value Limit \$500 Call for delivery schedule</p> <p>Delivery commitment may be later in some areas</p>									
<p>Weekday Service 1 <input type="checkbox"/> HOLD AT FEDEX LOCATION WEEKDAY (Fill in Section H)</p> <p>2 <input checked="" type="checkbox"/> DELIVER WEEKDAY</p> <p>Saturday Service 31 <input type="checkbox"/> HOLD AT FEDEX LOCATION SATURDAY (Fill in Section H)</p> <p>3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge) (Not available to all locations)</p> <p>9 <input type="checkbox"/> SATURDAY PICK-UP (Extra charge)</p> <p>Total Total Total</p>									
<p>Special Handling 4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge)</p> <p>6 <input type="checkbox"/> DRY ICE Dangerous Goods Shipper's Declaration not required</p> <p>DIM SHIPMENT (Chargeable Weight) <input type="checkbox"/> lbs</p> <p>L x W x H</p> <p>Received At 1 <input type="checkbox"/> Regular Stop   3 <input type="checkbox"/> Drop Box 4 <input type="checkbox"/> BSC 2 <input type="checkbox"/> On Call Stop   5 <input type="checkbox"/> Station</p>									
<p>Release Signature _____</p>									



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PO Box 818 Alexandria, VA 22313  
703-557-2490 FTS 557-2490

**Organic Traffic Report  
& Chain of Custody Record**  
(For Organic CLP Analysis)

SAS No.  
(if applicable)

Case No.  
**21882**

1. Project Code	Account Code		2. Region No.	Sampling Co.		4. Date Shipped	Carrier	6. Preser- ative (Enter in Column D)  1. HCl 2. HNO3 3. NaHSO4 4. H2SO4 5. Other (Specify) 6. Ice only N. Not preserved	7. Sample Description (Enter in Column A)  1. Surface Water 2. Ground Water 3. Leachate 4. Rinsate 5. Soil/Sediment 6. Oil (High only) 7. Waste (High only) 8. Other (Specify)				
Regional Information		Sampler (Name)				5. Ship To							
TFA 102		Matt Mastromarco				AMERICAN ANALYTICAL & TECH. SERVICES							
Non-Superfund Program		Sampler Signature				11950 INDUSTRIPLEX BLVD. BATON ROUGE, LA 70809 ATTN: SUSAN STEWART							
Site Name		3. Type of Activity		Remedial	Removal								
AVENUE O + 118TH ST.		SF <input checked="" type="checkbox"/> Remedial	RIFS <input type="checkbox"/>	CLEM <input type="checkbox"/>	REMA <input type="checkbox"/>								
City, State		PRP <input type="checkbox"/>	PA <input type="checkbox"/>	RA <input type="checkbox"/>	REM <input type="checkbox"/>								
CHICAGO, IL		ST <input type="checkbox"/>	SSI <input type="checkbox"/>	O&M <input type="checkbox"/>	OIL <input type="checkbox"/>								
Site Spill ID		FED <input type="checkbox"/>	ESI <input checked="" type="checkbox"/>	NPLD <input type="checkbox"/>	UST <input type="checkbox"/>								
CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp / Grab	D Preser- ative from Box 6	E RAS Analysis			F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/ Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Inorg. Samp. No.	K Enter Appropriate Qualifier for Designated Field QC
					VOA	BNA	Pest/ PCB						
EWX84	5	L	G	6	X	X	X	5-023196-8	AV-SS11-001	4/11/94/1240	MEJX94	_____	
EWX85	5	L	G	6	X	X	X	5-023200-2	AV-SS12-001	4/11/94/1310	MEJX95	_____	
EWX86	5	L	G	6	X	X	X	5-023204-6	AV-SS13-001	4/11/94/1325	MEJX96	_____	
EWX87	5	L	G	6	X	X	X	5-023208-10	AV-SS14-001	4/11/94/1359	MEJX97	_____	
EWX89	5	L	G	6	X	X	X	5-023212-14	AV-SS16-001	4/11/94/1430	MEJX99	_____	
EWW49	5	L	G	6	X	X	X	5-021019-22	AV-RB02-201	4/11/94/1750	MEJX89	B/BLANK	
EWW49	4	L	G	1	X			5-021019, 20	AV-RB02-201	4/11/94/1750	MEJX89	B/BLANK	
EWW49	4	L	G	6		X	X	5-021021, 2	AV-RB02-201	4/11/94/1750	MEJX89	B/BLANK	
EWW46	3	L	G	1	X			5-021027, 8	AV-TB02-201	4/11/94/1400	_____	B/BLANK	
Shipment for Case complete? (Y/N)	Page 1 of 1		Sample used for a spike and/or duplicate MAM 4-11-94 EWX84				Additional Sampler Signatures			Chain of Custody Seal Number <b>153159,60</b>			

**CHAIN OF CUSTODY RECORD**

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Matt Mastromarco	4/12/94 1920				
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

Split Samples  Accepted (Signature)

Declined

EPA Form 9110-2 (Rev. 5-91) Replaces EPA Form (2075-7), previous edition which may be used

DISTRIBUTION:  
Blue - Region Copy Pink - SMO Copy White - Lab Copy for Return to Region Yellow - Lab  
Copy for Return to SMO

SEE REVERSE FOR ADDITIONAL STANDARD INSTRUCTIONS

0 352964



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AIRBILL  
PACKAGE  
TRACKING NUMBER

8774360431

53484

8774360431

SENDER'S FEDERAL EXPRESS ACCOUNT NUMBER

1 1372-4044-2

Date

4/12/94

From (Your Name) Please Print

MITT PIATCHONAK, J.D.

Company

B AND V MARINE SCIENCE & TECH

Street Address

101 N WACKER DR STE 1100

City

CHICAGO

State

IL 60606

ZIP Required

YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice)

7150102

PAYMENT 1  Bill Sender 2  Bill Recipient's FedEx Acct No 3  Bill 3rd Party FedEx Acct No 4  Bill Credit Card

3

5  Cash/  
Check

Acc/Credit Card No 1548-6662-6

To (Recipient's Name) Please Print

SUSAN STEWART

Company

B AND V MARINE SCIENCE & TECH

1110 INDUSTRIAL EXPLV.

City

FARMINGTON HILLS

State

MI

ZIP Required

Recipient's Phone Number (Very Important)

(312) 645-3430

Department/Floor No

### SENDER'S COPY

IF HOLD AT FEDEX LOCATION, Print FEDEX Address Here

Street  
Address

City State ZIP Required

### SERVICES

(Check only one box)

Priority Overnight

(Delivery by next business morning)

11  OTHER PACKAGING

16  FEDEX LETTER\*

12  FEDEX PAK\*

13  FEDEX BOX

14  FEDEX TUBE

Economy Two-Day

(Delivery by second business day)

30  ECONOMY\*

\*Economy Letter Rate not available

Minimum charge

One pound Economy rate

Freight Service

(for packages over 150 lbs.)

70  OVERNIGHT FREIGHT\*\*

(Confirmed reservation required)

1 Delivery commitment may

be later in some areas

80  TWO-DAY FREIGHT\*\*

\*Declared Value Limit \$500

\*\*Call for delivery schedule

### DELIVERY AND SPECIAL HANDLING

(Check services required)

1  HOLD AT FEDEX LOCATION WEEKDAY

(Fill in Section H)  
 DELIVER WEEKDAY

31  HOLD AT FEDEX LOCATION SATURDAY

(Fill in Section H)  
 SATURDAY SERVICE

3  DELIVER SATURDAY

(Extra charge) (Not available

to all locations)

9  SATURDAY PICK-UP

(Extra charge)

Special Handling

4  DANGEROUS GOODS (Extra charge)

6  DRY ICE

Dangerous Goods Shipper's Declaration not required

Dry Ice \$14.95

LIFT ASSIST

12  HOLIDAY DELIVERY (If offered)

(Extra charge)

PACKAGES  
WEIGHT  
in Pounds  
Only

YOUR DECLARED  
VALUE  
(See right)

Total Total Total

DIM SHIPMENT (Chargeable Weight)

lbs

L X W X H

Received At

1  Regular Stop

3  Drop Box

4  BSC

5  Station

2  On-Call Stop

### SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY

Use of this airbill constitutes your agreement to the service conditions in our current Service Guide, available upon request. See back of sender's copy of this airbill for information. Service conditions may vary for Government Overnight Service. See U.S. Government Service Guide for details.

We will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your actual loss for a timely claim. Limitations found in the current Federal Express Service Guide apply. Your right to recover from Federal Express for any loss, including intrinsic value of the package, loss of sales, income, interest, profit, attorney's fees, costs, and other forms of damage, whether direct, incidental, consequential, or special is limited to the greater of \$100 or the declared value specified to the left. Recovery cannot exceed actual documented loss. The maximum Declared Value for FedEx Letter and FedEx Pak packages is \$500.

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Release  
Signature

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Base Charges

Declared Value Charge

Other 1

Other 2

Total Charges

REVISION DATE 12/92  
PART #137204 FXEM 11/93  
FORMAT #158

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United States Environmental Protection Agency  
Contract Laboratory Program Sample Management Office  
PO Box 818 Alexandria, VA 22313  
703-557-2490 FTS 557-2490

# Organic Traffic Report & Chain of Custody Record (For Organic CLP Analysis)

SAS No.  
(if applicable)

Case No.

21882

1. Sample Description (Enter in Column A)				2. Preservative (Enter in Column D)				3. Region No. Sampling Co.		5. Date Shipped		Carrier		7. Date Received -- Received by		
								V BWWS		4/12/94		FEDERAL EXPRESS		4/13/94 <i>Aileen Stewart</i>		
								Sampler (Name)		Airbill Number				Laboratory Contract Number		
								<i>MICH M'istwood</i>		8774360431				Unit Price		
								Sampler Signature				6. Ship To		8. Transfer to		
								<i>MICH M'istwood</i>				AMERICAN ANALYTICAL TEST SERVICES				
												1150 INDUSTRIALPLEX BLVD.				
												BATON ROUGE, LA 70809				
												ATTN: SUSHI STEWART				
														Received by:		
														Contract Number		
														Price		
CLP Sample Numbers (from labels)	A Enter # From Box 1	B Conc. Low Med High	C Sample Type: Comp./ Grab	D Preservative from Box 6	E RAS Analysis			F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/ Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Inorg. Samp. No.	K Sample Condition on Rec'd	L High Conc. Phases (Check below)		
					VOA	BNA	Pest/ PCB							High	ARO/ TOX	Solids
EWX84	5	L	G	6	X	X	X	5-023196-8	AV-SS11-00	4/11/94/1240	HEJX94					
EWX85	5	L	G	6	X	X	X	5-023200-2	AV-SS12-00	4/11/94/1310	HEJX95					
EWX86	5	L	G	6	X	X	X	5-023204-6	AV-SS13-00	4/11/94/1325	HEJX96					
EWX87	5	L	G	6	X	X	X	5-023208-10	AV-SS14-00	4/11/94/1350	HEJX97					
EWX89	5	L	G	6	X	X	X	5-023212-14	AV-SS16-00	4/11/94/1430	HEJX98					
EWW44	5	L	G	6	X	X	X	5-021019-22	AV-RP02-201	4/11/94/1750	HEJX99					
EWW49	4	L	G	1	X			5-021019, 20	AV-RP02-201	4/11/94/1750	HEJX89					
EWW49	4	L	G	6		X	X	5-021021, 2	AV-RP02-201	4/11/94/1750	HEJX89					
EWW46	3	L	G	1	X			5-021027, 8	AV-TB02-201	4/11/94/1400	_____					
Shipment for Case complete? (Y/N)	Page 1 of 1			Sample used for a spike and/or duplicate			Additional Sampler Signatures			Chain of Custody Seal Number						
				<i>4/11/94 EWW46</i>						153159,60						

## CHAIN OF CUSTODY RECORD

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
<i>MICH M'istwood</i>	4/12/94 1120				
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none
		<i>Aileen Stewart</i>	4/13/94 08:50		

EPA Form 8110-2 (Rev. 5-91) Replaces EPA Form (2075-7), previous edition which may be used

DISTRIBUTION:  
Blue - F Copy Pink - SMO Copy White - Lab Copy for Return to Region Yellow - Lab  
Copy for Return to SMO

SDG # EWW46

Split Samples  Accepted (Signature)

Declined

SEE REVERSE FOR ADDITIONAL STANDARD INSTRUCTIONS

O 352954

## Organic Sample Collection Requirements

"This form replaces both the Individual Traffic Report and EPA Chain of Custody Record. If the sampling team elects to use an alternative chain-of-custody form, cross out the bottom portion of this record and indicate that chain-of-custody information is recorded on an alternative form."

Water Samples	Required Volume	Container Type
Extractable Analysis (Low Level)	1 Gallon	1 X 4-Liter Amber Glass Bottle OR 2 X 80-oz. Amber Glass Bottles OR 4 X 1-liter Amber Glass Bottles.
Extractable Analysis (Medium Level*)	1 Gallon	32-oz. Wide-Mouth Glass Jars
Volatile Analysis (Low or Medium Level*)	80 ml	2 X 40-ml Glass Vials



\*All Medium and High Level Samples to be Sealed in Metal Can for Shipment

Solid/Sediment Samples	Required Volume	Container Type
Extractable Analysis (Low or Medium Level*)	6 oz	1 X 8-oz Wide-Mouth Glass Jar
Volatile Analysis (Low or Medium Level*)	240 ml	2 X 4-oz. Wide-Mouth Glass Jars OR 2 X 120 ml Wide-Mouth Glass Vials

150 VOA Vials under study, subject to change, check to ensure proper sealing

### HIGH CONCENTRATION SAMPLE COLLECTION REQUIREMENTS

Liquid or Solid Samples	Required Volume	Container Type
Extractable and Volatile Analysis	6 oz	1 X 8-oz Wide-Mouth Glass Jar

#### 1. Organic Sample Collection Requirements

- Please Indicate sample to spike and/or duplicate.
- Ship medium and high concentration samples in paint cans.
- Aqueous samples require one triple-volume sample per twenty for Matrix Spike/Matrix Spike Duplicate.
- Oily samples must be analyzed under the Special Analytical Services (SAS) program.
- Confirmatory analysis and Special Analytical Services (SAS) parameters may require extra volume; for SAS consult specified SAS methods for requirements.
- Additional sample volume not required for method OLC01.

#### 2. Cooler and Sample Documentation

- Complete all sections of the Traffic Report/Chain of Custody Form - Press firmly with a ball point pen to ensure that carbon copies are legible. Check the information and correct any errors.
- Please remember to complete the Chain of Custody Information on the form.
- Seal the two sets of laboratory Traffic Report/Chain of Custody form copies in a plastic bag. Include a return address for the cooler. Tape bag under cooler lid.
- Overlap the lid and bottle of each sample container with custody seals.
- Seal each container in a plastic bag.
- Pack medium and high concentration samples in metal cans.
- Cool low waters to 4° C. Cooling of low soils is optional. Do not cool medium or high concentration waters and soils.
- Separate and surround cooler contents with vermiculite or equivalent packaging.
- Seal the cooler, overlapping the lid and body with custody seals.
- FAX SMO a copy of the Traffic Report/Chain of Custody Form as soon as possible. Send SMO the pink copy of the Traffic Report within 5 days.
- In column E RAS analysis indicate number of sample bottles sent for analysis.

#### 3. Sample Shipment Reporting

- PHONE IN ALL SHIPMENTS IMMEDIATELY TO SMO (or to RSCC, if instructed)

##### Required Information:

Case (and/or SAS) Number

Date shipped

Number of samples by concentration and matrix

Carrier and airbill number

Next planned shipment

Leave your name and a number where you can be reached.

- Information for SATURDAY DELIVERIES must be phoned in by 3:00 PM (Eastern) the preceding FRIDAY.
- Report any delays or changes of scope (i.e., changes in number of samples to be collected, matrix changes, etc.)
- CALL IF YOU HAVE ANY QUESTIONS

USEPA Contract Laboratory Program

Sample Management Office

P.O. Box 818

Alexandria, VA 22313

Phone: (703) 557-2490

(703) 684-5678

FAX: (703) 683-0378



United States Environmental Protection Agency  
Contract Laboratory Program Sample Management Office  
PO Box 818 Alexandria, VA 22313  
703-557-2490 FTS 557-2490

# Inorganic Traffic Report & Chain of Custody Record (For Inorganic CLP Analysis)

SAS No.  
(if applicable)

Case No.

21882

1. Project Code	Account Code	2. Region No.	Sampling Co.	4. Date Shipped	Carrier	6. Preser- ative (Enter in Column D)	7. Sample Description (Enter in Column A)																				
Regional Information		V	BWUST	4/11/94	Fed. Express	1. HCl 2. HNO3 3. NaOH 4. H <sub>2</sub> SO <sub>4</sub> 5. K <sub>2</sub> Cr <sub>2</sub> O <sub>7</sub> 6. Ice only 7. Other (Specify) N. Not preserved	1. Surface Water 2. Ground Water 3. Leachate 4. Rinsate 5. Soil/Sediment 6. Oil (High only) 7. Waste (High only) 8. Other (Specify)																				
TFA 102		Sampler (Name) Wade Gregor, B&L Berena		Airbill Number 8774360416																							
Non-Superfund Program		Sampler Signature Wade A. (Greg)		5. Ship To ITMO St. Louis Laboratory 13715 Rider Trail North Earth City, MO 63045																							
Site Name Avenue D and 118 <sup>th</sup> Street		3. Type of Activity <table border="1"><tr><td>Lead</td><td>Pre-remedial</td><td>RIFS</td><td>CLEM</td></tr><tr><td>SF</td><td>Remedial</td><td>RD</td><td>REMA</td></tr><tr><td>PRP</td><td>PA</td><td>RA</td><td>REM</td></tr><tr><td>ST</td><td>SSI</td><td>O&amp;M</td><td>OIL</td></tr><tr><td>FED</td><td>ESI</td><td>NPLD</td><td>UST</td></tr></table>		Lead	Pre-remedial			RIFS	CLEM	SF	Remedial	RD	REMA	PRP	PA	RA	REM	ST	SSI	O&M	OIL	FED	ESI	NPLD	UST	ATTN: Bob Cowart 314 - 278 - 8566	
Lead	Pre-remedial	RIFS	CLEM																								
SF	Remedial	RD	REMA																								
PRP	PA	RA	REM																								
ST	SSI	O&M	OIL																								
FED	ESI	NPLD	UST																								
City, State Chicago, IL		Site Spill ID Z.Z																									
CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp / Grab	D Preser- ative from Box 6	E - RAS Analysis			F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/ Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Org. Samp. No.	K Enter Appropriate Qualifier for Designated Field QC  B = Blank S = Spike D = Duplicate PE = Perform. Eval. — = Not a QC Sample														
					Total	Dissolved	Cyanide							Low Conc only	High only	pH	Conduc- tivity										
MEJX85	5	L	G	6	X	X		5-021004	AV-ST01-001	4/11/94 1345	EWX 45	—															
MEJX86	5	L	G	6	X	X		5-021008	AV-ST02-001	4/11/94 1420	EWX 46	—															
MEJX87	5	L	G	6	X	X		5-021012	AV-ST03-001	4/11/94 1445	EWX 47	—															
MEJX91	4	L	G	2	X			5-021017	AV-RB01-201	4/11/94 1225	EWW51	B/ BLANK															
MEJX91	4	L	G	3		X		5-021018	AV-RB01-201	4/11/94 1225	EWW51	B/ BLANK															
Shipment for Case complete? (Y/N)	Page 1 of 1	Sample used for a spike and/or duplicate MEJX85				Additional Sampler Signatures Wade Berena			Chain of Custody Seal Number 153155, 153156																		

## CHAIN OF CUSTODY RECORD

Relinquished by: (Signature) Wade A. (Greg)	Date / Time 4/11/94 1925	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

EPA Form 9110-1 (Rev. 5-91) Replaces EPA Form (2075-6), previous edition which may be used

DISTRIBUTION:  
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Copy for Return to SMO

Split Samples  Accepted (Signature)

Declined

SEE REVERSE FOR ADDITIONAL STANDARD INSTRUCTIONS

| 345599



United States Environmental Protection Agency  
Contract Laboratory Program Sample Management Office  
PO Box 818 Alexandria, VA 22313  
703-557-2490 FTS 557-2490

**Organic Traffic Report  
& Chain of Custody Record**  
(For Organic CLP Analysis)

SAS No.  
(if applicable)

Case No.

21882

1. Project Code	Account Code			2. Region No.	Sampling Co.			4. Date Shipped	Carrier			6. Preservative (Enter in Column D)  1. HCl 2. HNO3 3. NaHSO4 4. H2SO4 5. Other (Specify) 6. Ice only N. Not preserved	7. Sample Description (Enter in Column A)  1. Surface Water 2. Ground Water 3. Leachate 4. Rinsate 5. Soil/Sediment 6. Oil (High only) 7. Waste (High only) 8. Other (Specify)	
Regional Information				V	BVWST			4/11/94	Fed. Express					
TFA - 102				Sampler (Name) <i>Nicole Gregson</i>			Airbill Number			8774360405				
Non-Superfund Program				Sampler Signature <i>Nicole A. Greg</i>			5. Ship To			Keystone LAB - Houston				
Site Name							B300 West Park Drive			Houston, Texas 77063				
Ave O and 118 <sup>th</sup> Street							ATTN: <i>Dela Massoudi</i>			713-266-6800				
City, State				Site Spill ID										
Chicago, IL				ZZ										
CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp / Grab	D Preservative from Box 6	RAS Analysis				F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Inorg. Samp. No.	K Enter Appropriate Qualifier for Designated Field QC  B = Blank S = Spike D = Duplicate PE = Perform. Eval. — = Not a QC Sample
					VOA	BNA	Pest/PCB	High only ARO/TOX						
EWX45	5	L	G	6	X	X	X	5-021001-3	AV-ST01-001	4/11/94 1345	MEJX85	—	—	
EWX46	5	L	G	6	X	X	X	5-021005-7	AV-ST02-001	4/11/94 1420	MEJX86	—	—	
EWX47	5	L	G	6	X	X	X	5-021007-11	AV-ST03-001	4/11/94 1445	MEJX87	—	—	
EWW51	4	L	G	1	X			5-021013-4	AV-RB01-201	4/11/94 1225	MEJX91	B/BLANK	—	
EWW51	4	L	i	6		X	X	5-021015-6	AV-RB01-201	4/11/94 1225	MEJX91	B/BLANK	—	
EWW48	3	L	G	1	X			5-021025-6	AV-TB01-201	4/11/94 1255	—	B/BLANK	—	
Shipment for Case complete? (Y/N)	Page 1 of 1			Sample used for a spike and/or duplicate				Additional Sampler Signatures <i>Nicole Gregson</i>			Chain of Custody Seal Number 153153, 153154			

**CHAIN OF CUSTODY RECORD**

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
<i>Nicole A. Greg</i>	4/11/94 1920				
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

EPA Form 9110-2 (Rev. 5-91) Replaces EPA Form (2075-7), previous edition which may be used

DISTRIBUTION:  
Blue - Region Copy Pink - SMO Copy White - Lab Copy for Return to Region Yellow - Lab  
Copy for Return to SMO

Split Samples  Accepted (Signature)  
 Declined

SEE REVERSE FOR ADDITIONAL STANDARD INSTRUCTIONS

O 352963







United States Environmental Protection Agency  
Contract Laboratory Program Sample Management Office  
PO Box 818 Alexandria, VA 22313  
703-557-2490 FTS 557-2490

**Organic Traffic Report  
& Chain of Custody Record**  
(For Organic CLP Analysis)

SAS No.  
(if applicable)

Case No.

21882

1. Sample Description (Enter in Column A)		2. Preservative (Enter in Column D)		3. Region No.	Sampling Co.	5. Date Shipped	Carrier	7. Date Received -- Received by	
				V	BVLUST	4/11/94	Fed. Express	04/12/94	Glinda Fortner
1. Surface Water		1. HCl		Sampler (Name) Wade Gregson		Airbill Number		Laboratory Contract Number	
2. Ground Water		2. HNO3		Bal Berena		8774360405		Unit Price	
3. Leachate		3. NaHSO4		Sampler Signature		6. Ship To		8. Transfer to	
4. Rinsate		4. H2SO4		Wade A. Greg		Keystone LAB - Houston		Date Received	
5. Soil/Sediment		5. Other (Specify)				8300 West Park Drive		Received by	
6. Oil (High only)		6. Ice only				Houston, Texas 77063			
7. Waste (High only)		N. Not preserved				Dela Massoudi		Contract Number	
8. Other (Specify)						ATTN: 713-266-6800		Price	

CLP Sample Numbers (from labels)	A Enter # From Box 1	B Conc. Low Med High	C Sample Type Comp / Grab	D Preservative from Box 6	E RAS Analysis				F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/ Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Inorg. Samp. No.	K Sam- ple Con- dition on Rec'd	L High Conc. Phases (Check below)		
					VOA	BNA	Pest/ PCB	High ARO/ TOX							Solids	Water Mis Liq.	Non Water Mis Liq.
EWX45	5	L	G	6	X	X	X		5-021001-3	AV-ST01-001	4/11/94 1345		MEJX85				
EWX46	5	L	G	6	X	X	X		5-021005-7	AV-ST02-001	4/11/94 1420		MEJX86				
EWX47	5	L	G	6	X	X	X		5-021009-11	AV-ST03-001	4/11/94 1445		MEJX87				
EWW51	4	L	G	1	X				5-021013-4	AV-RBD1-201	4/11/94 1225		MEJX91				
EWW51	4	L	G	6	X	X	X		5-021015-6	AV-RBD1-201	4/11/94 1225		MEJX91				
EWW48	3	L	G	1	X				5-021025-6	AV-TB01-201	4/11/94 1255		—				

Shipment for Case complete? (Y/N)	Page 1 of	Sample used for a spike and/or duplicate	Additional Sampler Signatures Wade Gregson	Chain of Custody Seal Number 153153, 153154
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**CHAIN OF CUSTODY RECORD**

Relinquished by: (Signature) Wade A. Gregson	Date / Time 4/11/94 1920	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature) Glinda Fortner	Date / Time 04/12/94 0930	Remarks	Is custody seal intact? Y/N/none

EPA Form 8110-2 (Rev. 5-91) Replaces EPA Form (2075-7), previous edition which may be used

DISTRIBUTION:  
Blk - Ion Copy Pink - SMO Copy White - Lab Copy for Return to Region Yellow -  
Copy Return to SMO

Split Samples  Accepted (Signature)

Declined

SEE REVERSE FOR ADDITIONAL STANDARD INSTRUCTIONS

## Organic Sample Collection Requirements

"This form replaces both the Individual Traffic Report and EPA Chain of Custody Record. If the sampling team elects to use an alternative chain-of-custody form, cross out the bottom portion of this record and indicate that chain-of-custody information is recorded on an alternative form."

Water Samples	Required Volume	Container Type
Extractable Analysis (Low Level)	1 Gallon	1 X 4-Liter Amber Glass Bottle OR 2 X 80-oz Amber Glass Bottles OR 4 X 1-Liter Amber Glass Bottles
Extractable Analysis (Medium Level*)	1 Gallon	32-oz. Wide-Mouth Glass Jars
Volatile Analysis (Low or Medium Level*)	80 ml	2 X 40-ml Glass Vials



\*All Medium and High Level Samples to be Sealed In Metal Can for Shipment

Soil/Sediment Samples	Required Volume	Container Type
Extractable Analysis (Low or Medium Level*)	6 oz.	1 X 8-oz. Wide-Mouth Glass Jar OR 2 X 4-oz. Wide-Mouth Glass Jars
Volatile Analysis (Low or Medium Level*)	240 ml.	2 X 120 ml Wide-Mouth Glass Vials

\*Soil VOA Vials under study, subject to change; check to ensure proper sealing

## HIGH CONCENTRATION SAMPLE COLLECTION REQUIREMENTS

Liquid or Solid Samples	Required Volume	Container Type
Extractable and Volatile Analysis	6 oz.	1 X 8-oz Wide-Mouth Glass Jar

### 1. Organic Sample Collection Requirements

- Please indicate sample to spike and/or duplicate.
- Ship medium and high concentration samples in paint cans.
- Aqueous samples require one triple-volume sample per twenty for Matrix Spike/Matrix Spike Duplicate.
- Oily samples must be analyzed under the Special Analytical Services (SAS) program.
- Confirmatory analysis and Special Analytical Services (SAS) parameters may require extra volume; for SAS consult specified SAS methods for requirements.
- Additional sample volume not required for method OLC01.

### 2. Cooler and Sample Documentation

- Complete all sections of the Traffic Report/Chain of Custody Form - Press firmly with a ball point pen to ensure that carbon copies are legible. Check the information and correct any errors.
- Please remember to complete the Chain of Custody Information on the form.
- Seal the two sets of laboratory Traffic Report/Chain of Custody form copies in a plastic bag. Include a return address for the cooler. Tape bag under cooler lid.
- Overlap the lid and bottle of each sample container with custody seals.
- Seal each container in a plastic bag.
- Pack medium and high concentration samples in metal cans.
- Cool low waters to 4°C. Cooling of low soils is optional. Do not cool medium or high concentration waters and soils.
- Separate and surround cooler contents with vermiculite or equivalent packaging.
- Seal the cooler, overlapping the lid and body with custody seals.
- FAX SMO a copy of the Traffic Report/Chain of Custody Form as soon as possible. Send SMO the pink copy of the Traffic Report within 5 days.
- In column E RAS analysis indicate number of sample bottles sent for analysis.

### 3. Sample Shipment Reporting

- PHONE IN ALL SHIPMENTS IMMEDIATELY TO SMO (or to RSAC, if instructed)

#### Required Information:

Case (and/or SAS) Number

Date shipped

Number of samples by concentration and matrix

Carrier and airbill number

Next planned shipment

Leave your name and a number where you can be reached.

- Information for SATURDAY DELIVERIES must be phoned in by 3:00 PM (Eastern) the preceding FRIDAY.
- Report any delays or changes of scope (i.e., changes in number of samples to be collected, matrix changes, etc.)
- CALL IF YOU HAVE ANY QUESTIONS

USEPA Contract Laboratory Program

Sample Management Office

P.O. Box 818

Alexandria, VA 22313

Phone: (703) 557-2490

(703) 684-5678

FAX: (703) 683-0378